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BIBDATASHEET

CONFIRMATION NO. 9343

Bib Data Sheet

SERIAL NUMBER 09/828,390	FILING DATE 04/02/2001 RULE	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. 109106
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APPLICANTS

Norihiko Kanae, Fujisawa-shi, JAPAN;

Hideyuki Kawai, Fujimi-machi, JAPAN;

** CONTINUING DATA *****

This application is a CON of PCT/JP00/05159 08/02/2000

Yes / HT

** FOREIGN APPLICATIONS *****

JAPAN 11-224203 08/06/1999

Yes / HT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/31/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>HT</u> Examiner's Signature Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
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ADDRESS

25944
OLIFF & BERRIDGE, PLC
P.O. BOX 19928
ALEXANDRIA, VA
22320

TITLE

Electrophoretic display device

FILING FEE RECEIVED 924	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 9343

SERIAL NUMBER 09/828,390	FILING DATE 04/02/2001 RULE	CLASS 430	GROUP ART UNIT 1753	ATTORNEY DOCKET NO. 109106
APPLICANTS Norihiko Kanae, Fujisawa-shi, JAPAN; Hideyuki Kawai, Fujimi-machi, JAPAN;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF PCT/JP00/05159 08/02/2000 <i>Yes / 45</i>				
** FOREIGN APPLICATIONS ***** JAPAN 11-224203 08/06/1999 <i>Yes / 45</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/31/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>45</i> Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 4
INDEPENDENT CLAIMS 1				
ADDRESS 25944				
TITLE Electrophoretic display device				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	